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FEE TRANSMITTAL FOR FY 2001				Complete if Known						
				Application Number		08/812,393				
				Filing Date		May 5,	1997	- E	星	
				First Name	First Named Inventor Linda A. SHERMAN et al.			15		
E JAN 1				Examiner Name		Wilson, M.			<u> </u>	
TOTAL AMOUNT OF PAYMENT (\$) 605.00				Group Art I	Unit	1633			7900	
TOTAL AMOUNT OF PAYMENT			, [Attorney D	locket No	313332000100				
METHOD OF PAYMENT			FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to			3. ADDITIONAL FEES							
Deposit Account 03-1952			Entity Fee	Small Fee	Entity Fee					
Number			(\$)	Code	(\$)	Fee D	escription		Fee Paid	
Deposit Account Morrison & Foerster LLP		105								
Name Charge Any Additional Fee Required			130	205	65	Surcharge - late filing fee or oath Surcharge - late provisional filing fee			<u> </u>	
Under 37 CFR 1 16 and 1 17			50	227	25	or cover sheet				
Applicant claims small entity status See 37 CFR 1 27		139	130	139	130	Non-English specification				
2. X Payment Enclosed:		147	2.520	147	2,520	For filing a request for ex parte reexamination				
☑ Check ☐ Credit Card ☐ Money Order ☐ Other		112	920*	112	920*	Requesting publication of SIR prior to Examiner action				
FEE CALCULATION			1,840	113	1,840	Requesting publication of SIR after Examiner action				
BASIC FILING FEE		115	110	215	55		ion for reply with			
		116	390	216	195	month	ion for reply with			
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	Paid	118	1,390	218	695	Extens month	on for reply with	in fourth		
10° 710 201 355 Utility file			1,890	228	945	Extens	ion for reply with	in fifth month		
106 320 206 160 Design 1 107 490 207 245 Plant fili			310 310	219 220	155 155		of Appeal brief in support	of an appear		
	filing fee		270	221	135	Reque	st for oral hearing	9		
114 150 214 75 Provisio	nal filing fee	138	1 510	138	1.510	Petition procee	i to institute a pu ding	olic use		
SUBTOTAL	(1) (\$)0		110 1,240	240 241	55 620		n to revive - unav			
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Claims believed Claims 6 - 20 = 0 x	0 = \$0		600	244	300		sue fee			
Independent 1 -3 = 0 x	0 = \$0	122	130	122	130	Petition	ns of the Commis	isioner		
Multiple Dependent x	≠ \$ 0	123	50	123	50	Petition	ns related to prov	isional		
		126	240	126	240	Submis	ssion of Informati ure Stmt	or		
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		l		4			submission afte	r fina:		
103 18 203 9 Claims	in excess of 20	146	710	246	355		R§ 1 129(a))			
102 80 202 40 Indepe	ndent claims in excess of 3	149	710	249	355	examin	ch additional inve led (37 CFR § 1	129(b))		
	e dependent claims, if not paid	179	710	279	355	(CPA)	st for Continued		355	
origina	original patent		900	169	900	Request for expedited examination of a design application				
110 18 210 9 "Reissue claims in excess of 20 and over original patent										
SUBTOTAL	(2) (\$)0	Other lee (s	pecify)							
** or number previously paid, if greater; For reissues, see above.			*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$) 605 00			
SUBMITTED BY			Complete (if applicable)							
Name (Print/Type) The Wiseman			ration No a ley/Agent) 35,046 Telephone 202-887-1			1678				
Signature Signature		T (Fillown)	- /90	·····/L			Date	January 1	9. 2001	